

**IMPORTANT
CONSIDERATIONS
FOR DETECTION AND
REPORTING OF
ANTIBACTERIAL RESISTANCE**

Registration Information

Registration fee: \$ 65.00

Registration deadline: March 31, 2003

Send completed registration form one of two ways:

Fax: 617-983-8037
or

Mail: NLTN
305 South Street
Boston, MA 02130-3597

Pay by check, money order (payable to "APHL"), purchase order or credit card.
No refunds after April 4, 2003.

Confirmation letters will be emailed.

Applicants will be notified if the course is filled.

Special Needs and Information

In compliance with the Americans with Disabilities Act, individuals needing special accommodations should notify the NLTN at least two weeks prior to the course. For more information call: 800-536-NLTN or 617-983-6285.

The National Laboratory Training Network



is a training system sponsored by the Centers for Disease Control and Prevention (CDC) and the Association of Public Health Laboratories (APHL).

NLTN
305 South Street
Boston, MA 02130-3597

**IMPORTANT
CONSIDERATIONS
FOR DETECTION
AND REPORTING OF
ANTIBACTERIAL
RESISTANCE**



**APRIL 8, 2003
NASHUA, NH**

Sponsored by

**New Hampshire Office of
Community & Public Health
Public Health Laboratories**

&

**National Laboratory
Training Network**

PLEASE COPY AND POST.

PROGRAM DESCRIPTION

Join your clinical microbiology colleagues and speaker Janet Hindler, MCLS, MT (ASCP), F(AAM) for an in-depth look at antimicrobial susceptibility testing (AST) recommendations from a “bench” level perspective.

The program will focus on issues relating to the appropriate organisms and drugs to test and which drugs to report. Ms. Hindler will present a strategy for handling bacteria not addressed in the NCCLS standards. She will provide suggestions for ways to identify and verify “weird” AST results generated on patient isolates. The program will emphasize effective reporting of results so that physicians can utilize the results appropriately to improve patient outcomes. Throughout the workshop, case studies will be presented to illustrate current resistance concerns and laboratory testing and reporting issues. A comprehensive handout will be provided. This program is appropriate for laboratory testing personnel in clinical, reference and public health laboratories.

LOCATION

Sheraton Nashua Hotel
11 Tara Boulevard
Nashua, NH 03062

Students will receive a self-instructional CD-ROM titled: “Antimicrobial Susceptibility Testing”

IMPORTANT CONSIDERATIONS FOR DETECTION AND REPORTING OF ANTIBACTERIAL RESISTANCE

AGENDA

8:30 a.m.	Registration
8:50 a.m.	Overview and Opening Remarks
9:00 a.m.	How to Use 2003 NCCLS Standards to Guide AST Decisions in Your Laboratory
10:15 a.m.	Break
10:30 a.m.	What Can We Do With Bacteria That Are Not Addressed in NCCLS Standards?
11:00 a.m.	Gram Positive Bacteria: Verification of AST Results and How to Report Them Effectively
Noon	Lunch
12:45 p.m.	Gram Negative Bacteria: Verification of AST Results and How to Report Them Effectively
2:00 p.m.	Break
2:15 p.m.	Assessing your Competency in Antimicrobial Susceptibility Testing
3:00 p.m.	Discussion; Evaluation; Closing Remarks
3:15 p.m.	Adjourn

SPEAKER

Janet Fick Hindler
MCLS, MT(ASCP), F(AAM)

Ms. Hindler is a Senior Specialist in Clinical Microbiology for the Division of Laboratory Medicine at UCLA Medical Center in Los Angeles, California. She is working this year with the Centers for Disease Control and Prevention (CDC), Division of Laboratory Systems, through an Interagency Personnel Agreement, to develop and conduct training on antimicrobial susceptibility testing (AST).

PROGRAM OBJECTIVES

Upon completion of the workshop, participants will be able to:

- Explain how to implement current NCCLS AST testing and reporting recommendations.
- Summarize practical strategies for handling AST of bacteria not addressed in NCCLS standards.
- Discuss steps that can be taken to verify AST results obtained on bacteria isolated from patients.
- Describe effective reporting of AST results.

CONTINUING EDUCATION

Continuing education credit will be offered to laboratorians based on 5 hours of instruction.



IMPORTANT CONSIDERATIONS FOR DETECTION AND REPORTING OF ANTIBACTERIAL RESISTANCE

Speaker: Janet Hindler

**Don't miss out!
Four Locations - Four Dates**

Nashua, NH	April 8, 2003
New York City, NY	April 10, 2003
Columbus, OH	April 14, 2003
Washington, DC	May 16, 2003

For more information call: (617) 983-6285 or (800) 536-NLTN

Please type or print.

(Dr., Mr., Mrs., Ms., or Miss) (First) (M.I.) (Last)

Form Approved
OMB No. 0920-0017
Exp. Date 4/30/2003

Social Security Number		We also need to know your Social Security Number. This number is voluntary and collected under the Public Health Service Act.	
Position Title		E-mail Address	
Employer's Name		Employer's Phone Number	
Employer's Address		Employer's Fax Number	
City	State	Zip	
Course Number: NE5903		Date: April 8, 2003	
		Location: Nashua, NH	
Important Considerations for Detection & Reporting of Antibacterial Resistance			
Signature of Applicant		Date	

EDUCATION LEVEL
(Circle Highest Level Attained.)
01 Some High School
02 High School Graduate
03 Some College
04 Associate Degree
05 Bachelor Degree
06 Masters Degree
07 Doctoral Degree-MD
08 Doctoral Degree-Other than MD
09 Technical/Hospital School

OCCUPATION
(Circle one number.)
01 Physician
02 Veterinarian
04 Laboratorian
05 Nursing
06 Sanitarian
07 Industrial Hygienist
08 Administration
09 Water Treatment Operator

THE FOLLOWING PRIVACY ACT STATEMENT IS APPLICABLE TO ALL INCLUDED FORMS NEEDING SOCIAL SECURITY NUMBER
The information requested on this form is collected under the authority of 42 U.S.C. 243. The requested information is used only to process and evaluate your application for training and may be disclosed (for verification purposes) to your employer, group leader, educational institution, etc. as necessary. An accounting of such disclosures will be furnished to you upon request. Furnishing the information requested on this form, including your Social security number (SSN), is voluntary. However, no applicant may receive Continuing Education Unit or Continuing Medical Education Unit credit unless a completed application form is received. The SSN is used for identity verification purposes and prevents the assignment of more than one identifying number to the same individual. If you do not wish to submit a SSN, CDC will assign a unique identifier.

Public Reporting burden for this information is estimated to average 5 minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC-ASTDR Reports Clearance Officer, 1600 Clifton Road, N.E., MSD-24, Atlanta, Georgia 30333; Attn: PRA (0920-0017).

TYPE OF EMPLOYER

Please review all categories before circling appropriate one.
(Circle one number.)

01 State and Territorial Health Department
02 Other State & Territory Employer
03 Local, City or County Health Dept.
04 Other Local Government Employer
05 CDC
06 Other CDC Employer
09 U.S. Food & Drug Administration
11 U.S. Department of Defense
12 Veterans Administration Hospital
15 Other Federal Government Employer
16 Foreign Employer
17 Private/Community Hospital
19 College/University
21 Private Industry
23 Private Clinical Laboratory
24 Physician Office Lab/Group Practice
25 Hospital-State Funded
26 Hospital-City/County Funded
28 Health Maintenance Organization

Important Considerations for Detection and Reporting of Antibacterial Resistance

Register Early!
We expect this class to fill quickly!

Registration Fee for this course is \$65.00.

Registration deadline is March 31, 2003.

- ☐ Enclosed is my check or money order, payable to APHL.
- ☐ Purchase Order
- ☐ Bill my Credit Card (circle one).
VISA MasterCard
American Express

Do you perform antimicrobial susceptibility testing as part of your routine duties and responsibilities?

Yes ☐ No ☐

Submit your registration form to:

NLTN
305 South Street
Boston, MA 02130-3597

Or by fax to: (617) 983-8037

Card Holder's Name
Card Number
Expiration Date
Signature
Date
Amount of Payment